PTO/SB/17 (10-08)

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	1	Complete if Known					
Effective o Fees pursuant to the Consolidated	Application N			10/580,762-Conf. #1286			
FEE TRAI				February 21, 2007			
	First Named	Inventor	Martin Bolton				
For F	Examiner Na		H. Kim				
Applicant claims small er		1110	2482				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit				
TOTAL AMOUNT OF PAYMENT (\$) 940,00			Attorney Doc	Attorney Docket No. S1022.71096US00			
METHOD OF PAYMENT	(check all t	hat apply)					
Check x Credit Card	d N	Money Order N	Ione Oth	er (please identi	fy):		
Deposit Account Deposit	Account Numb	per: 23/2825	Dep	osit Account Nam	ne: Wolf, Greenfie	eld & Sacks, P.C.	
For the above-identifie	ed deposit a	account, the Director	is hereby autho	rized to: (che	ck all that apply)		
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION							
1. BASIC FILING, SEARCH,	AND EXAM	INATION FEES	<u> </u>				
	FILIN		EARCH FEES		NATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$) Fee	<u>Small Ent</u> (\$)        Fee (\$)		Small Entity Fee (\$)	Fees Paid (\$)	
Utility	330	165 54		220	110		
Design	220	110 10		140	70		
Plant	220	110 33	0 165	170	85		
Reissue	330	165 54	0 270	650	325		
Provisional	220	110	o o	0	0		
2. EXCESS CLAIM FEES					· · · · · · · · · · · · · · · · · · ·	Small Entity	
Fee Description					<u>Fee (\$</u>		
Each claim over 20 (including	g Reissues)	)			52	26	
Each independent claim over	3 (including	ng Reissues)			220	110	
Multiple dependent claims					390	195	
- 104 or			Fee Paid (\$)			Multiple Dependent Claims	
HP = highest number of total claims	x naid for if d	= = = = = = = = = = = = = = = = = = =		<u>-</u>	<u>ee (\$)                                  </u>	ee Paid (\$)	
	Claims	Fee (\$)	Fee Paid (\$)	<u> Mariana ang arang</u>	***************************************	<del></del>	
3 -3 or HP =	X	=	i ce i aiα (ψ)				
HP = highest number of independen	nt claims paid	for, if greater than 3.					
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.5 sheets or fraction thereof	` ///	* 4	`		entity) for each add	litional 50	
	a Sheets		n additional 50 or		of Fee (\$)	Fee Paid (\$)	
- 100 =		/50 =	(round <b>up</b> to a			ree raid (\$7	
4. OTHER FEE(S)				,	Printed and the second and the secon	Fees Paid (\$)	
Non-English Specification							
Other (e.g., late filing surc	harge): 12	251 Extension for	response withi	n first month	1	130.00	
		301 Request for co	ntinued exami	ination (RCE	=) (see 37	810.00	
SUBMITTED BY							
Signature	NO	W.	Registration No. (Attorney/Agent)	34,681	Telephone	617.646.8000	
Name (Print/Type) James H. N	/lorris				Date Se	ptember 15, 2011	
		Certificate of Electr	onic Filina Under	37 CFR 1.8			
I hereby certify that this paper (a		paper referred to as b			ng transmitted via the	Office electronic filing	
system in accordance with 37 CF	-K § 1.6(a)(4	<del>)</del> ,			a Andrew		
Dated:			Signa	ature: <u> </u>	na fach		